

Clerk, U. S. District Court
District of Nevada
400 South Virginia St. Rm. 301
Reno, Nevada, 89501

Feb. 22, 2022

Dear Clerk,

This concerns Case no. 3:21 – cv – 00288 – MMD – CLB

On Feb. 8, 2022, I sent, by certified mail and return receipt, copies of the summons and complaint to the Nevada United States Attorney and the Attorney General of the United States in Washington, D. C.

By the date of Feb. 22, 2022, I have received the return receipts from both U. S. Government entities showing that they have signed for the documents.

I have enclosed copies of these certified mail return receipts with this. If you want the original return receipts let me know and I will send them by U. S. mail to you.

Signed,

Raymond D. Yowell

Raymond D. Yowell, Plaintiff
H. C. 30 Box 272
Spring Creek, Nv. 89815
Ph. 775-744-4381

<input checked="checked" type="checkbox"/> FILED	<input type="checkbox"/> RECEIVED
<input type="checkbox"/> ENTERED	<input type="checkbox"/> SERVED ON
COUNSEL/PARTIES OF RECORD	
FEB 28 2022	
CLERK US DISTRICT COURT DISTRICT OF NEVADA	
BY: <i>[Signature]</i>	DEPUTY

"NO COPY"

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Reno, NV 89501

Certified Mail Fee \$3.75

Extra Services & Fees (check box, add fees to postage)

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00


Postage \$1.76

Total Postage and Fees \$8.56

Postmark
 Reno, NV
 02/08/2022

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U.S. ATTORNEY
 Street and Apt. No., or PO Box No.
400 So. VIRGINIA ST., SUITE 900
 City, State, ZIP+4®
RENO, NV 89501

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p>UNITED STATES ATTORNEY 400 So. VIRGINIA ST. SUITE 900 RENO, NV 89501</p> <div style="text-align: center;">  9590 9402 6658 1060 1280 87 </div> <p>2. Article Number (Transfer from service label)</p> <p>7021 0350 0000 7237 7158</p>	<p>A. Signature</p> <p>X <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>2/16/22</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> </table> <p>Mail Restricted Delivery (00)</p>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®												
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™												
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery												
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™												
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery												
<input type="checkbox"/> Collect on Delivery Restricted Delivery													

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

U.S. Postal Service™
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For delivery information, visit our website at www.usps.com®.

Washington, DC 20530

Certified Mail Fee \$3.75

Extra Services & Fees (check box, add fee to postage)

☒ Return Receipt (hardcopy) \$0.00

☐ Return Receipt (electronic) \$0.00

☐ Certified Mail Restricted Delivery \$0.00

☐ Adult Signature Required \$0.00

☐ Adult Signature Restricted Delivery \$0.00

Postage \$1.76

Total Postage and Fees \$5.56

Postmark Here
 FEB - 8 2022
 02/08/2022

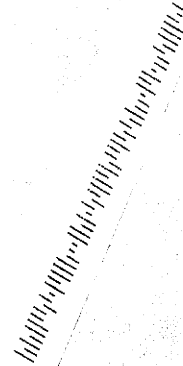
Sent To
 ATTORNEY GENERAL
 Street and Apt. No., or PO Box No.
 950 PENNSYLVANIA AVE. N.W.
 City, State, ZIP+4®
 WASHINGTON DC 20530-0001

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to: ATTORNEY GENERAL OF THE UNITED STATES U.S. DEPT. OF JUSTICE 950 PENNSYLVANIA AVE N.W. WASHINGTON DC 20530-0001</p> <p>9590 9402 6658 1060 1280 63</p> <p>2. Article Number (Transfer from service label) 7021 0350 0000 7237 7141</p>		<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>FEB 18 2022</p> <p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Mail Restricted Delivery</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	



Mt. Ray Yowell
HC 30 Box 272
Spring Creek, NV 89815



RECEIVED
FEB 23 2022
U.S. DISTRICT COURT
DISTRICT OF NEVADA

Clerk, U.S. District Court
District of Nevada
400 South Virginia St. Rm. 301
Reno, Nevada, 89501



1000



89501

U.S. POSTAGE PAID
SPRING CREEK, NV
FEB 23, 22
AMOUNT
\$1.16
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